

Form No. 1

## (1) PLACE OF BIRTH

County of RichmondTownship of Richmondor  
Inc. Town of Richmondor  
City of Richmond

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

Abraham James Wright

File No.—For State Registrar Only

7734

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3112Registered No. 5  
(For use of Local Registrar)St.: Richmond Ward)

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 15 1911</u> (Name of Month) (Day) (Year)
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(8) FULL NAME OF FATHER <u>Samuel Wright</u>	(14) NAME BEFORE MARRIAGE <u>John Jones</u>
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(9) PRESENT POSTOFFICE OF FATHER <u>Richmond</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Richmond</u>
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(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)
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(12) BIRTHPLACE <u>Richmond</u>	(18) BIRTHPLACE <u>Richmond</u>
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(13) OCCUPATION <u>Teacher</u>	(19) OCCUPATION <u>Teacher</u>
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(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>3</u>
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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 3:30 P.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) W. H. H. H.(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Richmond

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 15 (28) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Bureau of Columbia, Columbia, S. C.